

<b>Case Number:</b>	CM14-0099571		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	10/04/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/28/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55-year-old male who reported an injury on 10/14/2013 caused by an unspecified mechanism. The injured worker's treatment history included physical therapy, urine drug screens, and medications. On 04/02/2014, it was documented from physical therapy the injured worker had completed 10/12 treatments and it was documented that the injured worker had approximately 40% improvement with his upper extremity numbness and tingling in his hands. The injured worker no longer had increased tone or tenderness around his shoulder girdle. The injured worker was evaluated on 06/16/2014 and it was documented that his wrists were doing pretty good however; there was not much change since the last visit. The injured worker was still taking ibuprofen 800 mg towards the end of his work shift. The physical examination of his hands and wrists bilaterally had normal range of motion. There was no overt swelling or inflammation. Diagnoses included hand joint pain. The Request for Authorization dated 06/17/2014 was for additional physical therapy 3 times a week for 1 month (4 weeks) 12 visits total.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Additional Physical Therapy 3 times a week for 1 month (4 weeks) (12 visits total): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The request is not medically necessary. The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted indicated the injured worker bilateral wrists and hands were doing "pretty good". The provider failed to indicate long-term functional goals. The request will exceed the recommended amount of visits per the guideline and failed to include location where physical therapy is required. Given the above, the request for physical therapy PT 3 times a week for 1 month (4 weeks) (12 visits total) is not medically necessary.